

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-7108		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.	
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN CITY LEBANON		DATE OF CRASH: 4/25/14		DAY FRI		TIME: MILITARY 2233			
CRASH OCCURRED ON 1054 Hunters Run #91		WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION		N W E S		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE			
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Johnson, Tamara R		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1054 Hunters Run #93 Lebanon OH 45036									
PHONE NO. 513-282-5423		BIRTH DATE m/15/78		AGE 41		SEX F		SOCIAL SECURITY NO.		STATE OH	
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS				PHONE					
VEH YR 2012		MAKE Ford		MODEL F3		COLOR White		STYLE OH		LICENSE PLATE NO. FDQ4942	
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8 UNIT NO. 2		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
PHONE NO.		BIRTHDATE m   D   Y		AGE SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME) Luck Robert Jr		ADDRESS 8594 Morrow-Woodville		PHONE 513-515-0385							
VEH YR 2001		MAKE Chrysler		MODEL CN		COLOR Black		STYLE OH		LICENSE PLATE NO. LAG02M	
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y		AGE		POSITION A B C D E F		INJURIES A B C D E F	
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y		AGE		P-PEDESTRIAN 		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED	
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y		AGE		P-PEDESTRIAN 		CONDITION A B C D E F	
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE m   D   Y		AGE		P-PEDESTRIAN 		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN	
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED	
A B C		INJURED TAKEN TO		By		A B C D E F		EJECTION A B C D E F		DRUGS A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TESTED	
A <input type="checkbox"/> ORC CITY ORD.		OFFENSE CHARGED AND DESCRIPTION						I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
O <input type="checkbox"/> ORC CITY ORD.		OFFENSE CHARGED AND DESCRIPTION									
RECEIVED CALL 2233		DISPATCHED 2233		ARRIVED 2243		CLEARED 2256		OTHER TIME 17		TOTAL MINUTES 40	
DATE REPORT FILED 4/27/14		PHOTOS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		OFFICER'S NAME Fry		BADGE NO. 119		CHECKED BY			